

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

TEXACO Inc., Box 352, Midland, Texas October 3, 1960
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

TEXACO Inc. C.H. Lockhart NOT-1, Well No. 4, in NW 1/4 SE 1/4,
(Company or Operator) (Lease)

J, Sec. 18, T. 22-S, R. 38-E, NMPM, Tubb Pool
Unit Letter

Lea County. Date Spudded 6-15-53 Date Drilling Completed 7-20-53
Please indicate location: Elevation 3359' (GR) Total Depth 7130' PBTD 7129'

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Top Oil/Gas Pay 6180' Name of Prod. Form. Tubb

PRODUCING INTERVAL -

Perforations 6180' to 6184', 6187' to 6191', and 6197' to 6203'

Open Hole None Depth 7130' Depth 6158'
Casing Shoe Tubing

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke
load oil used): 60 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size 20/64"

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
13-3/8"	378	400
8-5/8"	2818	1700
5-1/2"	7121	650
2-1/16	6148	

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): See remarks.

Casing Tubing Date first new
Press. 550 Press. 280 oil run to tanks October 1, 1960

Oil Transporter Texas New Mexico Pipe Line

Gas Transporter El Paso Natural Gas Company

Remarks: Perforated 5-1/2" casing with 2 jet shots per foot 6180' to 6184', 6187' to 6191', and 6197' to 6203'. Tubb Zone. Acidize with 2000 gals 15% acid. Frac with 10,000 gals refined oil and 10,000 lbs sand at 12.7 BPM.

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: OCT 5 1960, 19

TEXACO Inc.
(Company or Operator)

OIL CONSERVATION COMMISSION

By: [Signature]

By: [Signature]
(Signature)

Title: Assistant District Superintendent
Send Communications regarding well to:

Title: [Signature]

Name: J. G. Blevins, Jr.

Address: Box 352, Midland, Texas